

CRIMINAL

☐ TRAFFIC ☒ NON-TRAFFIC LEA OR# WA031800

COURT OR# WA031031J

CITATION #: 320796824

REPORT #: 13-02269

IN THE ☐ DISTRICT ☒ MUNICIPAL COURT OF
☐ STATE OF WASHINGTON ☐ COUNTY OF

MARYSVILLE MUNICIPAL COURT

☒ CITY/TOWN OF LAKE STEVENS

PLAINTIFF VS. NAMED DEFENDANT

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

MIDDLE

SFX

CDL

☐ YES ☒ NO

DRIVER'S LICENSE NO.

STATE WA

EXPIRES 12-21-16

PHOTO I.D. MATCHED ☒ YES ☐ NO

NAME: LAST

PETERSON

FIRST

SAMUEL

CITY

LAKE STEVENS

STATE WA

ZIP CODE 98268

WORK PHONE NO.

CELL/PAGER PHONE NO.

CITY/COUNTY OF

LAKE STEVENS/SNOHOMISH

BLOCK # 1700

COLOR

BLACK

EMPLOYER

EMPLOYER LOCATION

DATE OF BIRTH

RACE W

SEX M

HEIGHT 5'08"

WEIGHT 210

EYES BRO

HAIR XXX

RESIDENTIAL PHONE NO.

(425) 64-8244

M.P.

BLOCK # 1700

CITY/COUNTY OF

LAKE STEVENS/SNOHOMISH

STATE WA

ZIP CODE 98268

WORK PHONE NO.

COLOR

BLACK

VIOLATION DATE

9/10/2013 4:16

LANG:

INTERPRETER NEEDED

AT LOCATION

83RD AVE

REF. TRAFFICWAY

17TH ST NE

CITY

LAKE STEVENS

STATE WA

ZIP CODE 98268

WORK PHONE NO.

CELL/PAGER PHONE NO.

CITY/COUNTY OF

LAKE STEVENS/SNOHOMISH

BLOCK # 1700

COLOR

BLACK

STYLE

MOTORCYCLE (MC)

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Officer's Report for Citation/Notice of Infraction # 320796824.

The information contained in and attached to this citation/notice of infraction is incorporated by reference into this report.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF
WASHINGTON THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND
ACCURATE AND THAT I AM ENTERING MY AUTHORIZED USER ID AND
PASSWORD TO AUTHENTICATE IT.

Signature: M. HINGTGEN #: 126

Date and Place: 9/10/2013 City/Town of Lake Stevens, County of SNOHOMISH

| TRAFFIC | | WEATHER | | STREET | | LIGHT | |
|---------------------------------|------|---------|-----|---------------------------------|------|-------|-----|
| WITNESS NAME (LAST, FIRST, MI.) | | PHONE | | WITNESS NAME (LAST, FIRST, MI.) | | PHONE | |
| ADDRESS | CITY | STATE | ZIP | ADDRESS | CITY | STATE | ZIP |
| WITNESS NAME (LAST, FIRST, MI.) | | PHONE | | WITNESS NAME (LAST, FIRST, MI.) | | PHONE | |
| ADDRESS | CITY | STATE | ZIP | ADDRESS | CITY | STATE | ZIP |
| WITNESS NAME (LAST, FIRST, MI.) | | PHONE | | WITNESS NAME (LAST, FIRST, MI.) | | PHONE | |
| ADDRESS | CITY | STATE | ZIP | ADDRESS | CITY | STATE | ZIP |
| WITNESS NAME (LAST, FIRST, MI.) | | PHONE | | WITNESS NAME (LAST, FIRST, MI.) | | PHONE | |
| ADDRESS | CITY | STATE | ZIP | ADDRESS | CITY | STATE | ZIP |
| WITNESS NAME (LAST, FIRST, MI.) | | PHONE | | WITNESS NAME (LAST, FIRST, MI.) | | PHONE | |

CRIMINAL

☐ TRAFFIC ☒ NON-TRAFFIC LEA OR # WA0311900

COURT OR # WA031031J

CITATION #: 320796824

REPORT #: 13-02269

IN THE ☐ DISTRICT ☒ MUNICIPAL COURT OF
☐ STATE OF WASHINGTON ☐ COUNTY OF

MARYSVILLE MUNICIPAL COURT

☒ CITY/TOWN OF LAKE STEVENS

, PLAINTIFF VS. NAMED DEFENDANT

DRIVERS LICENSE NO.

STATE WA EXPIRES 12-21-16

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON
PHOTO I.D. MATCHED ☒ YES ☐ NO NAME: LAST PETERSON FIRST SAMUEL MIDDLE N SFX
PETERSON281R1CDL ☐ YES ☒ NO

ADDRESS 1719 83RD AVE SE

☐ IF NEW ADDRESS CITY LAKE STEVENS

STATE WA ZIP CODE 98268

EMPLOYER

EMPLOYER LOCATION

FACE

SEX

HEIGHT 5'08"

WEIGHT 210

EYES BRO

HAIR XXX

RESIDENTIAL PHONE NO. (425) 64-8244

CELL/PAGER PHONE NO.

WORK PHONE NO.

DATE OF BIRTH 12-21-71

W

M

INTERPRETER NEEDED

AT LOCATION

REF. TRAFFICWAY

17TH ST NE

M.P. BLOCK # 1700

CITY/COUNTY OF LAKE STEVENS/SNOHOMISH

VEH LIC NO 3C2782

STATE WA

EXPIRES 09-26-13

VEH YR 2012

MAKE SUZUKI

MODEL DRZ400

TR #2 LIC NO

STATE

EXPIRES

TR YR

STYLE MOTORCYCLE (MC)

COLOR BLACK

OWNER/COMPANY IF OTHER THAN DRIVER

ADDRESS

CITY

STATE

ZIP CODE

ACCIDENT NO

BAC

COMMERCIAL VEHICLE ☒ YES ☐ NO16+ PASS ☒ YES ☐ NOHAZMAT ☒ YES ☐ NOEXEMPT VEHICLE ☐ YES ☐ NO

FIRE LEA

1. VIOLATION/STATUTE CODE 9A.48.080

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES
☐ DV MALICIOUS MISCHIEF-3

2. VIOLATION/STATUTE CODE

☐ DV

3. VIOLATION/STATUTE CODE

☐ DV

4. VIOLATION/STATUTE CODE

☐ DV

5. VIOLATION/STATUTE CODE

☐ DV

MANDATORY COURT APPEARANCE APPEARANCE DATE TIME

RELATED #

DATE ISSUED 09-10-13

☐ TICKET SERVED ON VIOLATOR☒ TICKET REFERRED TO PROSECUTOR☐ TICKET SENT TO COURT FOR MAILING☐ BOOKEDI CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE
ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE
THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED
OFFICER M. HINGTGEN
126

| CHG # | RESPONSE | CHG | DISPOSITION | FINES | SUSPENDED | SUB-TOTAL | FINDING/JUDGMENT DATE | TO SERVE | DAYS |
|--|----------|-----|-------------|-------------|-----------|-----------|-----------------------|-----------------------|-----------|
| 1 | G | NG | G NG D | \$ | \$ | \$ | | W | DAYS SUSP |
| 2 | G | NG | G NG D | \$ | \$ | \$ | | CREDIT TIME SVD. Y/N | |
| 3 | G | NG | G NG D | \$ | \$ | \$ | | LIC. SURR. DT. | |
| 4 | G | NG | G NG D | \$ | \$ | \$ | | REC. NON-EXTENSION OF | |
| 5 | G | NG | G NG D | \$ | \$ | \$ | | SUSP. Y/N | |
| COMPLAINT/ CITATION ABSTRACT OF JUDGMENT | | | | TOTAL COSTS | | | | | |

INFRACITION

☒ TRAFFIC ☐ NON-TRAFFIC LEA: WA0311900 COURT OR: WA03119VB INFRACITION #: 320796823 REPORT #: 13-02269

IN THE ☐ DISTRICT ☒ MUNICIPAL COURT OF **LAKE STEVENS VIOLATION BUREAU**
☐ STATE OF WASHINGTON ☐ COUNTY OF **LAKE STEVENS** ☒ CITY/TOWN OF **LAKE STEVENS** PLAINTIFF VS. NAMED DEFENDANT

DRIVER'S LICENSE NO. **WA** STATE **WA** EXPIRES **11-22-16** PHOTO I.D. MATCHED ☒ YES ☐ NO NAME: LAST **PECH** FIRST **PONLORK** MIDDLE **SFX** CDL ☐ YES ☒ NO

PECH#P*09102 ADDRESS **24027 26TH AVE S** IF NEW ADDRESS ☐ PASSENGER ☐ CITY **DES MOINES** STATE **WA** ZIP CODE **98198**

EMPLOYER **LAKE STEVENS VIOLATION BUREAU** DATE OF BIRTH **11-22-91** RACE **W** SEX **M** HEIGHT **5'11"** WEIGHT **170** EYES **BRO** HAIR **BRO** RESIDENTIAL PHONE NO. **(253)886-3370** CELL/PAGER PHONE NO. **LAKE** WORK PHONE NO. **LAKE**

VIOLATION DATE **9/10/2013 3:36** INTERPRETER NEEDED ☐ AT LOCATION **83RD AVE 17TH ST NE** REF. TRAFFICWAY **17TH ST NE** M.P. **1700** CITY/COUNTY OF **LAKE**

VEH LIC NO **ACD5068** STATE **WA** EXPIRES **10-02-13** VEH YR **2005** MAKE **ACURA** MODEL **RSX** STATE **WA** ZIP CODE **98022**

TR #1 LIC NO **STATE** EXPIRES **TR YR** TR #2 LIC NO **STATE** EXPIRES **TR YR** DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND

OWNER/COMPANY IF OTHER THAN DRIVER **RICHAARD M AUSTELL** ADDRESS **24706 SE 384TH ST** CITY **ENUNCLAW** STATE **WA** ZIP CODE **98022**

ACCIDENT NO **COMMERCIAL** YES ☐ NO ☒ 16+ ☐ YES ☒ HAZMAT ☐ YES ☒ EXEMPT VEHICLE ☐ FIRE ☐ LEA

VEH SPEED **IN A** ZONE **OP MOT VEH W/OUT INS** DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

1. VIOLATION/STATUTE CODE **46.30.020** IMPROPER PASSING ON RIGHT SIDE PENALTY \$ **650.00**

2. VIOLATION/STATUTE CODE **46.61.115** IMPROPER PASSING ON RIGHT SIDE PENALTY \$ **124.00**

3. VIOLATION/STATUTE CODE **46.61.115** IMPROPER PASSING ON RIGHT SIDE PENALTY \$ **124.00**

4. VIOLATION/STATUTE CODE **46.61.115** IMPROPER PASSING ON RIGHT SIDE PENALTY \$ **124.00**

5. VIOLATION/STATUTE CODE **46.61.115** IMPROPER PASSING ON RIGHT SIDE PENALTY \$ **124.00**

RELATED # **DATE ISSUED 09-10-13** TOTAL PENALTY \$ **674.00**

☒ TICKET SERVED ON VIOLATOR ☐ TICKET SENT TO COURT FOR MAILING ☐ TICKET REFERRED TO PROSECUTOR

| INF # | RESPONSE | DISPOSITION | PENALTY | SUSPENDED | SUE-TOTAL | FINDING/JUDGMENT DATE |
|-------------|----------|-------------|-------------|-----------|-----------|-------------------------|
| 1 | C | NC | C NC D P DF | \$ | \$ | ABSTRACT MLD TO OLYMPIA |
| 2 | C | NC | C NC D P DF | \$ | \$ | ABSTRACT MLD TO OLYMPIA |
| 3 | C | NC | C NC D P DF | \$ | \$ | ABSTRACT MLD TO OLYMPIA |
| 4 | C | NC | C NC D P DF | \$ | \$ | ABSTRACT MLD TO OLYMPIA |
| 5 | C | NC | C NC D P DF | \$ | \$ | ABSTRACT MLD TO OLYMPIA |
| TOTAL COSTS | | | | | | \$ |



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E268994

| | | | | | |
|-------------|--------------------------|-------------|-------------------------------------|--------------------|--------------------------|
| INTERSTATE | <input type="checkbox"/> | CITY STREET | <input checked="" type="checkbox"/> | FIRE RESULTED | <input type="checkbox"/> |
| STATE ROUTE | <input type="checkbox"/> | OTHER | <input type="checkbox"/> | STOLEN VEHICLE | <input type="checkbox"/> |
| COUNTY RD | <input type="checkbox"/> | PRIVATE WAY | <input type="checkbox"/> | HIT & RUN INVOLVED | <input type="checkbox"/> |

| | | | |
|--------------|----------|--------|-------|
| CASE # | 13-02259 | | |
| LOCAL AGENCY | CODING | | |
| QUANTIFIED | 02 | OBJECT | STUCK |

| | | | | | | | | | | | | | | | | |
|-------------------|----|---|----|---|------|-------------|------|----------|----|-------|---|---|----|----|--------|------|
| DATE OF COLLISION | 09 | - | 09 | - | 2013 | TIME (2400) | 2116 | COUNTY # | 31 | MILES | N | E | IN | OF | CITY # | 0664 |
|-------------------|----|---|----|---|------|-------------|------|----------|----|-------|---|---|----|----|--------|------|

| | | | | | |
|--------------------------|--------------|-------------------------------------|------------------|--------------------------------|------------|
| ON (PRIMARY TRAFFIC WAY) | INTERSECTION | <input checked="" type="checkbox"/> | NON-INTERSECTION | <input type="checkbox"/> | |
| 83RD AVE | BLOCK NO. | <input checked="" type="checkbox"/> | 1700 | | |
| DISTANCE | MILES | N | E | OF (REFERENCE OR CROSS STREET) | 17TH ST NE |
| | FEET | S | W | | |

| | | | | | | | |
|---------|---------------|-------------------------------------|----------------------|-----|----|-------|---------------|
| UNIT 01 | MOTOR VEHICLE | <input checked="" type="checkbox"/> | DAMAGE THRESHOLD MET | YES | NO | PHONE | D: 2538863370 |
|---------|---------------|-------------------------------------|----------------------|-----|----|-------|---------------|

| | | | | | |
|-----------|------|------------|---------|-----|--|
| LAST NAME | PECH | FIRST NAME | PONLORK | DOB | |
|-----------|------|------------|---------|-----|--|

| | |
|----------------------|------------------|
| SUPPLEMENTAL ADDRESS | 24027 28TH AVE S |
|----------------------|------------------|

| | | | | | |
|------|------------|-------|----|-----|-------|
| CITY | DES MOINES | STATE | WA | ZIP | 98198 |
|------|------------|-------|----|-----|-------|

| | | | | | |
|-----|--|-----------|--|---------|--|
| CDL | | TESTIMONY | | REMARKS | |
|-----|--|-----------|--|---------|--|

| | | | | | | | | |
|------------------|--------------|-------|----|---|-----|----|----|------|
| DRIVER'S LICENSE | PECH*P*091Q2 | STATE | WA | M | DOB | 11 | 22 | 1991 |
|------------------|--------------|-------|----|---|-----|----|----|------|

| | | | | | | | | | | | | | | | |
|---------|--------------------------|--------|--|------|---|------|---|--------|---|------|---|--------|---|--------------------|--|
| ON DUTY | <input type="checkbox"/> | STATUS | | AREA | 2 | TEST | 4 | SELECT | 1 | TEAM | 2 | INVEST | 1 | NATURE OF INJURIES | |
|---------|--------------------------|--------|--|------|---|------|---|--------|---|------|---|--------|---|--------------------|--|

| | | | | | |
|---------------|---------|-------|----|-------|-------------------|
| LICENSE STATE | ACD5058 | STATE | WA | PHOTO | JH4DC53895S007675 |
|---------------|---------|-------|----|-------|-------------------|

| | | | | | | | |
|---------|--|-------|--|-------|--|-------|--|
| TRAILER | | STATE | | PHOTO | | STATE | |
|---------|--|-------|--|-------|--|-------|--|

| | | | | | | | | | | | | | | | |
|-----------|------|------|------|-------|-----|-------|----|---------------|-----|----|----------|--|---------------|-----|----|
| VEH. YEAR | 2005 | MAKE | ACUR | MODEL | RSX | STYLE | 2T | VEHICLE TOWED | YES | NO | TOWED BY | | GOVT. VEHICLE | YES | NO |
|-----------|------|------|------|-------|-----|-------|----|---------------|-----|----|----------|--|---------------|-----|----|

| | | | | | | | |
|------------------------|--|---------------------|-----------|-------------------------|--|---------------|-----------------------|
| REGISTERED OWNER INFO. | | LIABILITY INSURANCE | IN EFFECT | INSURANCE CO & POLICY # | | VEHICLE NO. 1 | SHADE IN DAMAGED AREA |
|------------------------|--|---------------------|-----------|-------------------------|--|---------------|-----------------------|

| | | | | | | |
|------------------|-----|----|------------|----------------------|--------|--------------------------------|
| VEHICLE STANDING | YES | NO | CITATION # | 3Z0796823, 3Z0796823 | CHARGE | OP MOT VEH W/OUT INS, IMPROPER |
|------------------|-----|----|------------|----------------------|--------|--------------------------------|

| | | | | | | | |
|---------|---------------|-------------------------------------|----------------------|-----|----|-------|---------------|
| UNIT 02 | MOTOR VEHICLE | <input checked="" type="checkbox"/> | DAMAGE THRESHOLD MET | YES | NO | PHONE | D: 4257548244 |
|---------|---------------|-------------------------------------|----------------------|-----|----|-------|---------------|

| | | | | | |
|-----------|----------|------------|--------|-----|--|
| LAST NAME | PETERSON | FIRST NAME | SAMUEL | DOB | |
|-----------|----------|------------|--------|-----|--|

| | |
|----------------------|------------------|
| SUPPLEMENTAL ADDRESS | 1719 83RD AVE SE |
|----------------------|------------------|

| | | | | | |
|------|--------------|-------|----|-----|-------|
| CITY | LAKE STEVENS | STATE | WA | ZIP | 98258 |
|------|--------------|-------|----|-----|-------|

| | | | | | |
|-----|--|-----------|--|---------|--|
| CDL | | TESTIMONY | | REMARKS | |
|-----|--|-----------|--|---------|--|

| | | | | | | | | |
|------------------|--------------|-------|----|---|-----|----|----|------|
| DRIVER'S LICENSE | PETERSN291R1 | STATE | WA | M | DOB | 12 | 21 | 1971 |
|------------------|--------------|-------|----|---|-----|----|----|------|

| | | | | | | | | | | | | | | | |
|---------|--------------------------|--------|--|------|---|------|---|--------|---|------|---|--------|---|--------------------|--|
| ON DUTY | <input type="checkbox"/> | STATUS | | AREA | 1 | TEST | 1 | SELECT | 1 | TEAM | 1 | INVEST | 1 | NATURE OF INJURIES | |
|---------|--------------------------|--------|--|------|---|------|---|--------|---|------|---|--------|---|--------------------|--|

| | | | | | |
|---------------|--------|-------|----|-------|-------------------|
| LICENSE STATE | 3C2782 | STATE | WA | PHOTO | JS1SK43A6C2101481 |
|---------------|--------|-------|----|-------|-------------------|

| | | | | | | | |
|---------|--|-------|--|-------|--|-------|--|
| TRAILER | | STATE | | PHOTO | | STATE | |
|---------|--|-------|--|-------|--|-------|--|

| | | | | | | | | | | | | | | | |
|-----------|------|------|------|-------|--------|-------|----|---------------|-----|----|----------|--|---------------|-----|----|
| VEH. YEAR | 2012 | MAKE | SUMC | MODEL | DRZ400 | STYLE | MC | VEHICLE TOWED | YES | NO | TOWED BY | | GOVT. VEHICLE | YES | NO |
|-----------|------|------|------|-------|--------|-------|----|---------------|-----|----|----------|--|---------------|-----|----|

| | | | | | | | |
|------------------------|--|---------------------|-----------|-------------------------|------------------------|---------------|-----------------------|
| REGISTERED OWNER INFO. | | LIABILITY INSURANCE | IN EFFECT | INSURANCE CO & POLICY # | MARKEL BMT000000003524 | VEHICLE NO. 2 | SHADE IN DAMAGED AREA |
|------------------------|--|---------------------|-----------|-------------------------|------------------------|---------------|-----------------------|

| | | | | | | |
|------------------|-----|----|------------|-----------|--------|----------------------|
| VEHICLE STANDING | YES | NO | CITATION # | 3Z0796824 | CHARGE | MALICIOUS MISCHIEF-3 |
|------------------|-----|----|------------|-----------|--------|----------------------|

| | | | | | |
|------------------------|------------|---------------|-----|--------|-----------|
| OFFICER'S NAME (PRINT) | M. HINGTEN | BADGE OR ID # | 126 | AGENCY | WA0311900 |
|------------------------|------------|---------------|-----|--------|-----------|



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E268994**

CASE # **13-02259**

| ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY) | | | | | | | | | |
|--|---------|------|------|--------|--------|--------|--------|--------------------|--|
| NAME LAST FIRST MIDDLE INITIAL | | | | | | | | | |
| ADDRESS & PHONE # | | SEX | | DOB | | DOB | | | |
| PASSENGER | WITNESS | UNIT | SEAT | AIRBAG | INJURY | INJURY | INJURY | NATURE OF INJURIES | |
| NAME LAST FIRST MIDDLE INITIAL | | | | | | | | | |
| ADDRESS & PHONE # | | SEX | | DOB | | DOB | | | |
| PASSENGER | WITNESS | UNIT | SEAT | AIRBAG | INJURY | INJURY | INJURY | NATURE OF INJURIES | |
| NAME LAST FIRST MIDDLE INITIAL | | | | | | | | | |
| ADDRESS & PHONE # | | SEX | | DOB | | DOB | | | |
| PASSENGER | WITNESS | UNIT | SEAT | AIRBAG | INJURY | INJURY | INJURY | NATURE OF INJURIES | |

NARRATIVE

Driver 2 was traveling the speed limit, southbound on 83rd Ave SE. Driver 1 was following at a close distance. Driver 2 slowed his motorcycle in an attempt to gain more room between the two vehicles. Driver 1 slowed. Driver 2 then proceeded to drive on the yellow fog line. Driver 1 moved to the right and began to pass the motorcycle on the right. When Driver 1 proceeded into the pass, Driver 1 struck the motorcycle in the passenger side of the rear fender. Both drivers were uninjured.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.035)

M. HINGTGEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

09-10-13 04:49 AM

DATED

PLACE SIGNED

APPROVED BY

RON BROOKS 013

DATE

9/11/2013 6:26:15 AM

PAGE OF 126

WA0311900

9:18 PM

9:18 PM

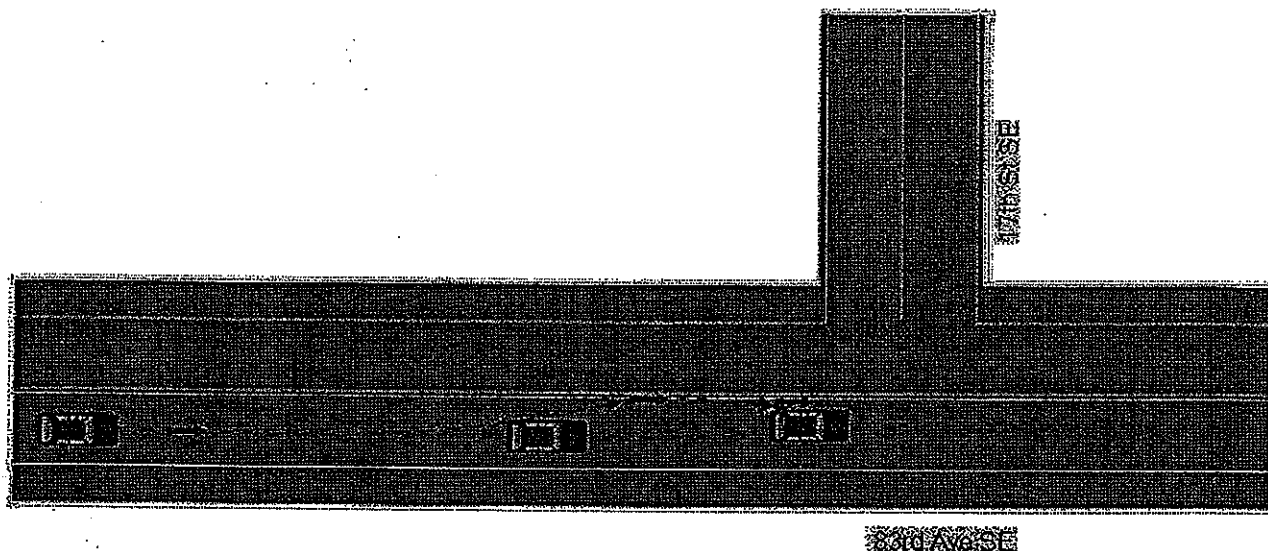
PART B 3000-345-160 R (7/08)

PAGE **2** OF **3**

REPORT NO E268994

CASE # 13-02259

DATE AND TIME
OF COLLISION 09/09/13 21:16



Not to Scale

STATE OF WASHINGTON UNIFORM INCIDENT REPORT

| | | | | | | | | | | | | | | | | | |
|---|-----|--|------|---|-------|--|------|---|-----|---|-----|---|------|---|--|------------------|--|
| AGENCY NAME LAKE STEVENS POLICE DEPT. | | | | <input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT | | | | INCIDENT NUMBER 13-02259 | | | | | | | | | |
| TYPE OF REPORT MAL | | | | <input type="checkbox"/> PERSONS <input type="checkbox"/> PROPERTY <input type="checkbox"/> INFORMATION | | <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARREST <input type="checkbox"/> PHONE REPORT | | <input type="checkbox"/> JUVENILE <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE | | <input type="checkbox"/> HATE / BIAS <input type="checkbox"/> ARSON - LOSS \$ <input type="checkbox"/> OTHER: | | <input type="checkbox"/> COMPUTER USED <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> ALCOHOL RELATED | | | | | |
| INCIDENT CLASSIFICATION Malicious Mischief 3rd | | | | | | | | | | | | PANDORA NOTIFICATION YES <input type="checkbox"/> NO <input type="checkbox"/> INITIAL | | | | | |
| ADDRESS / LOCATION OF INCIDENT 1700 83rd Ave SE | | | | | | PREMISES TYPE / NAME Roadway | | | | DV PHAMPHLET GIVEN: YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | |
| REPORTED ON | | OCCURRED BY OR FROM | | OCCURRED ON | | OCCURRED AT | | OCCURRED BY | | OCCURRED AT | | OCCURRED ON | | | | | |
| MONTH | DAY | YEAR | TIME | DOW | MONTH | DAY | YEAR | TIME | DOW | MONTH | DAY | YEAR | TIME | DOW | | | |
| 09 | 09 | 13 | 2115 | Mon | 09 | 09 | 13 | 2115 | Mon | 09 | 09 | 13 | 2151 | Mon | | | |
| ADDL ON SUPP. | | <input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT. | | NAME (LAST, FIRST, MIDDLE) | | RACE | | ETH | | SEX | | DOB | | HGT | | | |
| V-1 | | NON-DISC. | | Pech, Ponlork | | A | | | | M | | 112291 | | 511 | | | |
| STREET ADDRESS 229 82nd Dr SE | | | | | | CITY Lake Stevens | | | | STATE WA | | ZIP CODE 98258 | | RES. STATUS: F P NO U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| RESIDENCE PHONE 253-886-3320 | | BUSINESS PHONE | | OCCUPATION | | SOCIAL SECURITY NO | | HATE / BIAS | | TYPE VIC | | TYPE INJ. | | VICTIM OF OFNS# OFNDR# | | | |
| NO. | | NON-DISC. | | NAME (LAST, FIRST, MIDDLE) | | RACE | | ETH | | SEX | | DOB | | HGT | | | |
| | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | CITY | | | | STATE | | ZIP CODE | | RES. STATUS: F P NO U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| RESIDENCE PHONE | | BUSINESS PHONE | | OCCUPATION | | SOCIAL SECURITY NO | | HATE / BIAS | | TYPE VIC | | TYPE INJ. | | VICTIM OF OFNS# OFNDR# | | | |
| NO. | | NON-DISC. | | NAME (LAST, FIRST, MIDDLE) | | RACE | | ETH | | SEX | | DOB | | HGT | | | |
| | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | CITY | | | | STATE | | ZIP CODE | | RES. STATUS: F P NO U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| RESIDENCE PHONE | | BUSINESS PHONE | | OCCUPATION | | SOCIAL SECURITY NO | | HATE / BIAS | | TYPE VIC | | TYPE INJ. | | VICTIM OF OFNS# OFNDR# | | | |
| NO. | | NON-DISC. | | NAME (LAST, FIRST, MIDDLE) | | RACE | | ETH | | SEX | | DOB | | HGT | | | |
| | | | | | | | | | | | | | | | | | |
| NUMBER OF SUSPECTS / ARRESTED PERSONS IN THIS INCIDENT: | | | | | | SUSPECT CODES | | | | | | | | | | | |
| NO. | | NAME (LAST, FIRST, MIDDLE) | | RACE | | ETH | | SEX | | DOB | | AGE | | HGT | | | |
| S-1 | | Peterson, Samuel N | | W | | | | M | | 122171 | | 41 | | 508 | | | |
| WGT | | HAIR | | EYES | | | | | | | | | | | | | |
| 230 | | BRN | | BRN | | | | | | | | | | | | | |
| ALIAS NAME(S) | | | | | | IDENTIFIERS | | | | | | | | | | | |
| STREET ADDRESS 1719 83rd Ave SE | | | | | | CITY Lake Stevens | | | | STATE WA | | ZIP 98258 | | RES. STATUS: F P NO U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| EMPLOYMENT / OCCUPATION / SCHOOL | | | | | | BUS. PHONE | | | | SOCIAL SECURITY NUMBER [REDACTED] | | | | DRIVERS LICENSE / LD. CARD NO: PETERSN291R1 | | | |
| IBR ARREST OFFENSE NO. | | | | | | BOOKED / WHERE | | | | BOOKING # | | | | CHARGES | | | |
| | | | | | | | | | | | | | | 1. <input checked="" type="checkbox"/> F Malicious Mischief 3 rd /320796824 | | | |
| ARREST DATE | | | | | | LOCATION OF ARREST | | | | | | | | 2. <input type="checkbox"/> F | | | |
| | | | | | | | | | | | | | | 3. <input type="checkbox"/> F | | | |
| AFFILIATION 1 | | ON VIEW ARREST <input type="checkbox"/> | | CITED Y <input type="checkbox"/> N <input type="checkbox"/> | | STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN. | | CHARGES <input checked="" type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED | | ARRESTEE ARMED WITH Glock 26/9mm | | PCN / IDENTIFICATION NUMBER | | MULTI CLEAR <input type="checkbox"/> | | | |
| JUV. PARENT GDN. NOTIFIED Y <input type="checkbox"/> N <input type="checkbox"/> | | NAME / RELATIONSHIP OF PERSON NOTIFIED | | | | DATE / TIME NOTIFIED | | | | NOTIFIED BY: | | | | DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/> | | | |
| VEHICLE CODES: | | <input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED # | | <input type="checkbox"/> LOCATED <input type="checkbox"/> TOWED <input type="checkbox"/> EVIDENCE | | <input type="checkbox"/> SEIZED <input type="checkbox"/> ABANDONED | | <input type="checkbox"/> DAMAGED / VANDALIZED <input type="checkbox"/> OTHER | | <input type="checkbox"/> VICTIM'S VEH. <input type="checkbox"/> SUSPECT'S VEH. | | <input type="checkbox"/> HOLD FOR: | | | | | |
| NO. | | LICENSE NUMBER | | STATE | | VIN / HULL NUMBER | | YEAR | | MAKE | | MODEL | | STYLE | | | |
| COLOR | | SPECIAL FEATURES / DESCRIPTION | | | | VALUE STOLEN | | | | DRIVER IS: <input type="checkbox"/> R/O <input type="checkbox"/> PERSON #: | | REGISTERED OWNER'S NAME | | | | | |
| VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> DRIVEN AWAY | | | | <input type="checkbox"/> TOWED | | | | TOW COMPANY NAME / ADDRESS / PHONE | | | | STATE TOW NO. | | REGISTERED OWNER'S ADDRESS | | | |
| LOCKED Y <input type="checkbox"/> N <input type="checkbox"/> | | KEYS IN VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/> | | DELINQ. PAYMENT Y <input type="checkbox"/> N <input type="checkbox"/> | | VICTIM CONSENT Y <input type="checkbox"/> N <input type="checkbox"/> | | THEFT INS. Y <input type="checkbox"/> N <input type="checkbox"/> | | DRIVE-ABLE Y <input type="checkbox"/> N <input type="checkbox"/> | | DAMAGE TO VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/> | | SPECIFY DAMAGE BY <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE | | DAMAGE EST \$ | |
| 7 | | 5 | | 3 | | 1 | | 8 | | 6 | | 4 | | 2 | | | |
| SIGNATURE OF PERSON | | | | | | | | | | | | | | | | | |
| DATE | | | | | | | | | | | | | | | | | |
| OFFICER NAME / NUMBER M. Hingten #126 | | | | AREA S | | OFFICER NAME / NUMBER | | | | AREA | | APPROVED BY | | ASSIGNED | | | |
| FORWARD TO: <input type="checkbox"/> DYC <input type="checkbox"/> SUPERIOR | | | | <input type="checkbox"/> MARYS <input type="checkbox"/> EVRGN | | PROSECUTOR REVIEW REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | DISTRIBUTION: <input type="checkbox"/> CPS/APS <input type="checkbox"/> DSHS | | <input type="checkbox"/> DOL HEARING <input type="checkbox"/> DOC/PROBATION | | DATA ENTERED | | | |
| | | | | | | | | | | | | | | DATE | | | |

13-02259

LSPD ORIGINAL

ADDITIONAL NARRATIVE

| | | |
|--|--|------------------------------------|
| AGENCY NAME LAKE STEVENS POLICE DEPARTMENT | INCIDENT CLASSIFICATION Malicious Mischief 3rd | INCIDENT NUMBER 13-02259 |
| NAME OF VICTIM(S) Pech, Ponlork | | |

Summary:

I was dispatched to a priority accident with both involved parties verbal. When I arrived I found that a vehicle had struck a motorcycle on the passenger side while attempting to pass. The rider of the motorcycle confronts the driver of the vehicle. During the confrontation the motorcycle rider struck the rear drivers side wing window with his helmet. This caused the window to shatter.

Narrative:

On 9/9/13 at approximately 2115 hrs., I was dispatched to a priority accident in the area of the 1700 blk of 83rd Ave SE. The reporting party, Peterson, Samuel N (12/21/71) indicated that a vehicle had struck his motorcycle and was apparently attempting to flee.


I arrived and contacted Samuel. Just as I was contacting him, dispatch informed me that the other involved party had been threatened with a firearm that Samuel had in his pocket. Samuel was asked about the firearm. Samuel acknowledged that he had a Glock Model 26 9mm in his right front jacket pocket. The firearm was taken into our custody with Samuel's permission before proceeding.

Samuel stated that he was driving south on 83rd Ave SE. He was being followed by a blue Acura RSX. Samuel said that the vehicle was extremely close to him while he was on the roadway. Samuel said that he continually slowed his speed and the vehicle got closer and closer. Samuel said that the vehicle got within 5 feet of his rear bumper. Samuel said that he then slowed more and the vehicle passed him on the right. He stated that when he did this, the Acura struck him on the right leg and right rear fender. Samuel said that he then got in front of the vehicle and stopped the driver and yelled at him to stay there. Samuel said that he thought the vehicle was going to leave so he rear window with his helmet. Samuel continued to say that he would protect himself with his gun if the driver attempted to run him over.

Throughout the contact, Samuel kept saying that he wasn't going to allow people to drive like that. He said that the other driver was not going to get away with that.

I contacted the other driver. The driver was identified as Pech, Porlock (11/22/91). Porlock stated that they were driving down 83rd Ave SE. He said that he was traveling the speed limit. He stated that the motorcycle "brake checked" him. Porlock said that he slammed on his brakes. Porlock said the motorcycle then proceeded to the left and was driving on and/or near the yellow center line. Porlock said that he then started to pass him on the right. Porlock said that he got along side of him and then heard something hit the rear quarter panel of the car. Porlock said that male then pulled in front of him and blocked him from leaving. Porlock said that Samuel got of his motorcycle with his hand on his right jacket pocket and said, "If you leave, I'm going to

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

| | |
|--|--|
| OFFICER NAME / NUMBER M. Hingtgen #126 | APPROVED BY  |
|--|--|

SPD
ORIGINAL

ADDITIONAL NARRATIVE

| | | |
|--|--|------------------------------------|
| AGENCY NAME LAKE STEVENS POLICE DEPARTMENT | INCIDENT CLASSIFICATION Malicious Mischief 3rd | INCIDENT NUMBER 13-02259 |
| NAME OF VICTIM(S) Pech, Ponlork | | |

shoot you." Porlock said that he worried what the guy was going to do and was going to back away from him. Porlock said that Samuel then told him he was going to hit him in the head with his helmet. At that time, Samuel smashed the rear driver's side window with his helmet. Shortly after, the police arrived.

Both parties were uninjured during the incident. There was no apparent damage caused by the collision to either vehicle. Both parties completed statements.

Photos of both vehicles were placed in the property room.

Through the investigation, I found that Samuel knowing and maliciously caused damage to Porlock's vehicle. I am forwarding a criminal citation for Malicious Mischief 3rd to the city prosecutor for court service.

Pech was also mailed an infraction for Improper Pass to the Right.

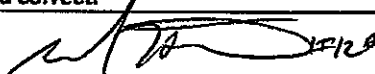

Attachments:

Witness Statement - Peterson
 Witness Statement - Pech
 Criminal Citation #3Z0796824
 Property Form

Recommendations:

Forward to city prosecutor

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

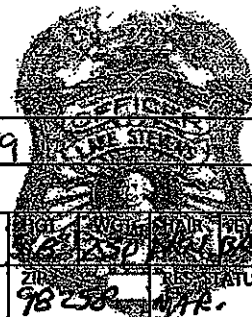
| | |
|--|---|
| OFFICER NAME / NUMBER M. Hingtgen #126  | APPROVED BY  |
|--|---|

**LSPD
 ORIGINAL**

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02259



VICTIM / WITNESS

| | | | | | | | | | | |
|------------------------------------|--|----------------------|-----|----------|---------------------|-----------|----------------|---------------|----------------|-------------|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE) PETERSON, SAMUEL N. | RACE W | ETH | SEX M | DOB 12-21-71 | AGE 41 | HEIGHT 5'6" | WEIGHT 180 | HAIR BRN | EYES BLU |
| STREET ADDRESS 1719 83RD AVE SE | | CITY LAKE STEVENS | | | STATE WA | | ZIP 98258 | | STATUS MAR. | |
| HOME PHONE 425-754-8244 | | CELL PHONE SAME | | | PLACE OF EMPLOYMENT | | | | | |
| WORK PHONE | | EMAIL ADDRESS | | | | | | | | |

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I WAS TRAVELING SOUTHBOUND ON 83RD AVE SE AT 30 MPH WHEN A CAR CAME UP BEHIND ME AT A HIGH RATE OF SPEED I SLOWED TO ABOUT 25MPH AND THE CAR GOT ABOUT 5 FEET OFF MY REAR FENDER, I SLOWED A LITTLE MORE, THE CAR THEN PASSED ME ON THE RIGHT HAND SIDE STRIKING MY RIGHT LEG AND CAUSING ME TO SWERVE INTO THE ONCOMING LANE A LITTLE I SPED UP TO ABOUT 30 AGAIN AND GOT IN FRONT OF THE CAR AS TO NOT LET HIM PASS. HE THE DRIVER THEN PULLED IN BEHIND ME I TOLD HIM I WAS CALLING THE POLICE AND HE TRIED TO BACK UP AND LEAVE SO I BROKE OUT HIS BACK DRIVERS SIDE WINDOW WITH MY HELMET. HE KEPT YELLING "YOUR CRAZY MAN" "IM LEAVING" I SAID "LOOK MAN YOU HIT ME YOUR STAYIN" HE SAID "I DON'T CARE IM LEAVING" I SAID "IF YOU TRY TO RUN ME OVER I HAVE A GUN AND I'LL PROTECT MYSELF." I THEN STARTED TALKING TO 911 DISPATCH.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

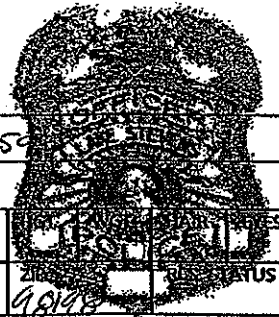
| | | |
|-------------------------|------------------------|---------------------------------|
| SIGNATURE: | DATE SIGNED 9-9-13 | LOCATION SIGNED |
| OFFICER/NUMBER: #126 | DATE SIGNED 9/10/13 | LOCATION SIGNED LAKE STEVENS |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER 13-02259

VICTIM / WITNESS

| | | | | | | |
|------------------------------------|---|----------------------------|-----|---|-----------------|--------------|
| NON-DISCI | NAME (LAST, FIRST MIDDLE) POMOROK Pech | RACE | ETH | SEX M | DOB 11/22/91 | AGE 21 |
| STREET ADDRESS 24027 26th Ave S | | CITY BOSMAINES | | STATE WA | | ZIP 98048 |
| HOME PHONE | | CELL PHONE 253-886-3320 | | PLACE OF EMPLOYMENT CRIME ACROSSPACE | | |
| WORK PHONE | | EMAIL ADDRESS | | | | |

I, POMOROK Pech, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

The bike ahead of me suddenly harshly braked from towards the ^{center} ~~middle~~ lane then came towards the right and hit me then hit me threatend with his hand to pull out a gun and told me to get out and I was afraid he might hurt me so I was in shock he then threatend me if I don't stop or turn off my car he will smash my head with his helmet he then smashed my window almost aiming for my head I was in shock and froze and called 911 and waited

229 9th DR. SE
Lake Stevens, WA 98258

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

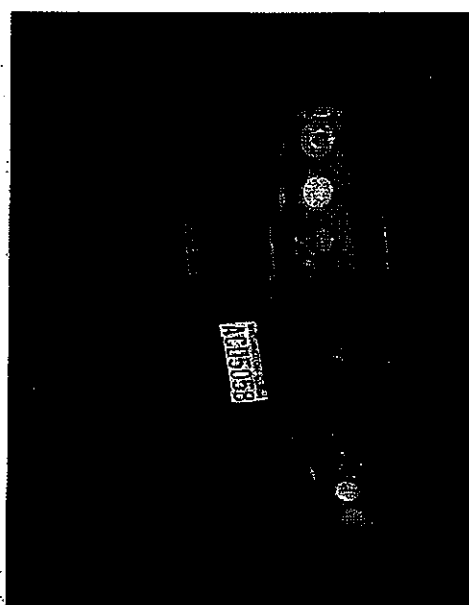
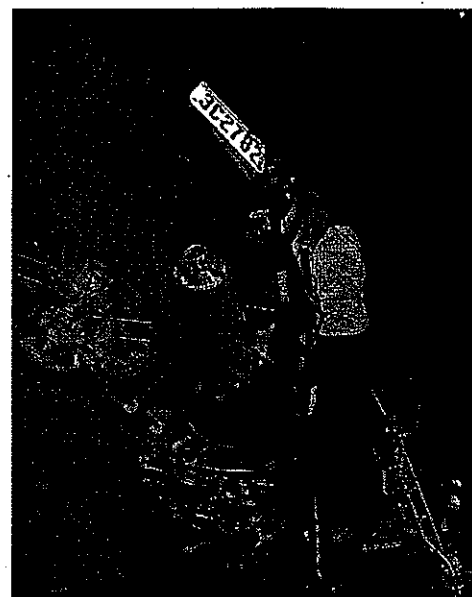
| | | |
|------------------------|------------------------|---------------------------------|
| SIGNATURE | DATE SIGNED 9-9-13 | LOCATION SIGNED LAKE STEVENS |
| OFFICER/NUMBER 2125 | DATE SIGNED 9/10/13 | LOCATION SIGNED LAKE STEVENS |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

REVISED 4/2009

LSPD
ORIGINAL



LSPD
ORIGINAL

| | | | | | |
|--|--|---|--|---------------------------------|--|
| LAKE STEVENS POLICE EVIDENCE UNIT | | Primary Officer/Badge Number HUNTER #126 | | Case Number 13-02259 | |
| Type of Crime: Felony / Misdemeanor (Circle) | | Type of Case: MAL MIS 3RD | | Date/Time: 9/9/13 @ 2115 | |
| Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING | | *Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification | | | |

| | | | | | | |
|---|---|-------------|--------------------|--|-------------------|-------------|
| Item # Action # | Item Photo CD | Brand Name | | | Storage Location | Disposition |
| | Brand/Model/Caliber (Further Description) | | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | |
| Owner's Name Address City State Zip Phone # | | | | | Barcode goes here | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | |

| | | | | | | |
|---|---|-------------|--------------------|--|-------------------|-------------|
| Item # Action # | Item | Brand Name | | | Storage Location | Disposition |
| | Brand/Model/Caliber (Further Description) | | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | |
| Owner's Name Address City State Zip Phone # | | | | | Barcode goes here | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | |

| | | | | | | |
|---|---|-------------|--------------------|--|-------------------|-------------|
| Item # Action # | Item | Brand Name | | | Storage Location | Disposition |
| | Brand/Model/Caliber (Further Description) | | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | |
| Owner's Name Address City State Zip Phone # | | | | | Barcode goes here | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | |

| | | | | | | |
|---|---|-------------|--------------------|--|-------------------|-------------|
| Item # Action # | Item | Brand Name | | | Storage Location | Disposition |
| | Brand/Model/Caliber (Further Description) | | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | |
| Owner's Name Address City State Zip Phone # | | | | | Barcode goes here | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | |

| | | | | | | |
|---|---|-------------|--------------------|--|-------------------|-------------|
| Item # Action # | Item | Brand Name | | | Storage Location | Disposition |
| | Brand/Model/Caliber (Further Description) | | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | |
| Owner's Name Address City State Zip Phone # | | | | | Barcode goes here | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | |

| | | | | | |
|-----------------------------------|--------------|--------------|--------------------|----------------------|-----------------|
| Evidence Control Use Only: | | | | | |
| Received by Evidence: | | NCIC/WACIC ✓ | Date: | CAD/RMS Checked | ROUTING: |
| Name: _____ # _____ | NCIC/WACIC + | Date: | Owner Letter Sent: | White: Property Room | |
| Date: _____ Time: _____ | NCIC/WACIC - | Date: | Owner Letter Sent: | Yellow: Case File | |

Incident History for: #SSI3020213

Case Numbers: \$SSI3002259

Received 09/09/13 21:15:07 BY SPCT04 SP0319
Entered 09/09/13 21:16:05 BY SPCT04 SP0319
Dispatched 09/09/13 21:16:15 BY SPDP17 SP0361
Enroute 09/09/13 21:16:15
Onscene 09/09/13 21:18:10
Closed 09/09/13 21:51:38

Initial Type: ACCP Initial Alarm Level: Final Alarm Level:

Final Type: ACCP (ACCIDENT, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397D-3 Group: SS1 Beat: SOUT
Src: 9

Loc: 17 ST SE/83 AV SE, LKS (V)

Latitude: (+) 47.979902 Longitude: (-) 122.130096

Loc Info: ON 83RD

Name: PETERSON, SAM

Addr:

Phone: 4257548244

/2116 (SP0319) ENTRY , AC, NOW, MC VS VEH
/2116 (SP0361) DISPER SS1942 #SS126 HINGTGEN, OFFICER (MICHAEL)
/2116 (SP0370) SUPP LOC: 1719 83 AV SE, LKS,
TXT: CC, NOW, NON INJURY, PARTIALLY BLOCKING, VE
RBAL
/2116 (SP0319) SUPP TXT: RP THINKS NOW H&R
/2116 (SP0361) ASSTER SS1931 #SS75 CHRISTENSEN, OFCR (CHAD)
/2116 (SP0370) SUPP LOC: 1719 83 AV SE, LKS,
PHO: B,
TXT: L/ACB5058, RP SAYING HE IS ARMED AND WILL P
ROTECT HIMSELF
/2117 (SP0319) SUPP TXT: NO H&R, SUBJS VERB
/2117 (*****) REMINQ SS1942 ACB5058
/2117 (SP0361) REMINQ SS1942 LIC, 1942, ACB5058,,
/2117 (SP0370) CHANGE NAM: -> PETERSON, SAM,
PHO: 2062264663 -> 4257548244,
TXT: SAM IS SUBJ WHO IS ARMED AND ON THE MTRCYCL
E
/2118 (SS75) *ONSCNE SS1931
/2118 (SP0370) SUPP TXT: LINE RELEASED PD OS
/2118 (SP0319) SUPP LOCI: ON 83RD,
NAM: BRECE, KEITH,
PHO: 2062264663,
TXT: PART BLKING ON 83 IN BLU ACURA, NL, MC DOWN
IN RDWY, RIDER UP ON FBET
/2118 (SP0361) ONSCNE SS1942
/2122 (*****) REMINQ SS1942 ACD5058
/2122 (SP0361) REMINQ SS1942 LIC, 1942, ACD5058,,
/2122 (*****) REMINQ SS1942 3C2782
/2122 (SP0361) REMINQ SS1942 LIC, 1942, 3C2782,,
/2125 (*****) REMINQ SS1942 PECH, PONLORK. 11221991..
/2125 (SP0361) REMINQ SS1942 NAME, 1942, PECH, PONLORK, 11221991,,
/2126 (*****) REMINQ SS1931 PIERSON, SAMUEL, N, 12211971..
/2126 (SP0361) REMINQ SS1931 NAME, 1931, PIERSON, SAMUEL, N, 12211971,,
/2126 (*****) REMINQ SS1931 PEARSON, SAMUEL, N, 12211971..
/2126 (SP0361) REMINQ SS1931 NAME, 1931, PEARSON, SAMUEL, N, 12211971,,
/2127 REMINQ SS1931 WANT, 1931, PETERSN291R1, 7
/2128 (*****) REMINQ SS1931 PETERSON, SAMUEL, N, 12211971..
/2128 (SP0361) REMINQ SS1931 NAME, 1931, PETERSON, SAMUEL, N, 12211971,,
/2134 ASNCAS SS1942 \$SSI3002259
/2151 CLEAR SS1931 D/H

ALSPD
ORIGINAL

/2151
/2151

CLEAR SS1942 D/H
CLOSE SS1942

LSFD
ORIGINAL